

2025 Community Health Needs Assessment and Implementation Plan Approval

September 30th, 2025



2025 Needs Assessment Process and Findings Review

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2025 Community Health Needs Assessment (CHNA)

CHNA Purpose:

- To identify health-related needs, strengths, and resources of a community through systematic, comprehensive data collection and analysis.

Definition of Community:

- Boston (priority neighborhoods)
- Brookline, Dartmouth, Lexington, Peabody, Waltham, Weymouth, plus Brockton, Framingham, Quincy and Randolph (DoN targeted communities)

2025 BCH CHNA:

- Builds on 2019 and 2022 CHNAs

Parallel and Related Efforts:

- 2025 Boston Community Health Collaborative (BCHC) process



2025 Boston Children's CHNA CHIP Methods

Secondary Data

- Existing data from Massachusetts Department of Public Health, vital records, and surveillance systems
- Existing BCH patient data

Interviews

- 17 in-depth interviews conducted by BCH across Boston and Satellite Communities
- Approximately 60 interviews with stakeholders and leaders across sectors (BCHC process)

Focus Groups

- Approximately 29 focus groups with diverse populations, including youth (BCHC process)

BCH Community Prioritization Process

Strongly engaged Community Advisory Board
Leveraged BCHC survey



2025 Needs Assessment: Findings

- **Behavioral/Mental health** needs continue
 - Pressing needs related to **youth mental health**, particularly for youth of color and LGBTQIA+ youth
- A need for more affordable, high-quality, and stable **housing** continues
- **Food access and security** is an increased concern



2025 Needs Assessment: Findings

- **Asthma and obesity** remain a concern for children and families
 - Rates have remained relatively stable; disparities by race/ethnicity remain
- Lack of **youth** extracurricular **activities**, afterschool programs, and workforce development **programs** were noted by participants
- Access to **early childhood services** is a problematic barrier for families' health and economic stability



2025 Implementation Plan and Programming

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2025-2028 Community Health Implementation Plan Summary

Goal 1.

Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care



Objectives

Increase the number and diversity of culturally/linguistically competent licensed clinical behavioral health workers and community-based behavioral health workers

Provide services and supports, and identify resources to increase mental health and trauma services where children live and learn



2025-2028 Community Health Implementation Plan Summary

Goal 2.

Support safe, stable, healthy, equitable, affordable housing for children and families

Objectives

Create new, diverse affordable housing options for families through community investment

Support policy and systems changes that would decrease the number of low/moderate-income families with children who are homeless or housing insecure

Preserve existing affordable housing options and support housing stability for families with children



2025-2028 Community Health Implementation Plan Summary

Goal 3.

Increase access to affordable and nutritious food

Support efforts to provide culturally relevant food and nutrition education to children and families

Objectives

Strengthen community infrastructure for healthy food



2022-2025 Community Health Implementation Plan Summary

Goal 4.

Improve the health of children and families managing asthma and obesity

Objectives

Implement community health programs that reduce the racial disparities in care and health outcomes for children with asthma and obesity



2025-2028 Community Health Implementation Plan Summary

Goal 5.

Promote healthy youth development through youth-centered programming and career pathways

Foster personal development of youth through leadership skill-building, mentorship, interest exploration, and identity formation

Objectives

Expand career pathways for youth through college, trades/training, and direct employment

Strengthen capacity of youth workforce



2025-2028 Community Health Implementation Plan Summary

Goal 6.

Improve early childhood education, health, and developmental supports

Expand training and quality improvement supports for early education and care (EEC) community-based providers

Objectives

Enhance engagement and skill building for parents and families with children birth to 5-years old through community programming

Advocate and collaborate to sustain and increase the amount of flexible, affordable, high-quality childcare for children birth to 5-years old



Summary 2025-2028 CHIP Goals and Objectives

Goal 1.	Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care.
<u>Objectives</u>	Increase the number and diversity of culturally/linguistically competent licensed clinical behavioral health providers and community-based behavioral health workers.
	Provide services and supports, and identify resources to increase mental health and trauma services where children live and learn.
Goal 2.	Support safe, stable, healthy, equitable, affordable housing for children and families.
<u>Objectives</u>	Create new, diverse affordable housing options for families through community investment.
	Support policy and systems changes that would decrease the number of low/moderate income families with children who are homeless or housing insecure.
	Preserve existing affordable housing options and/or support housing stability for families with children.
Goal 3.	Increase access to affordable and nutritious food for children and families.
<u>Objectives</u>	Support efforts to provide culturally relevant food and nutrition education to children and families.
	Strengthen community infrastructure for healthy food.
Goal 4.	Improve the health of children and families managing asthma and obesity.
<u>Objectives</u>	Implement community health programs that reduce the racial disparities in care and health outcomes for children with asthma and obesity.
Goal 5.	Promote healthy youth development through youth-centered programming and career pathways.
<u>Objectives</u>	Foster personal development of youth through leadership skill-building, mentorship, interest exploration, and identity formation.
	Expand career pathways for youth through college, trades/training, and direct employment.
	Strengthen the capacity of the youth serving workforce.
Goal 6.	Improve early childhood education, health, and developmental supports.
<u>Objectives</u>	Expand training and quality improvement supports for early education and care (EEC) community-based providers.
	Enhance engagement and skill building for parents and families with children birth to 5-years old through community programming.
	Advocate and collaborate to sustain and increase the amount of flexible, affordable, high-quality childcare for children birth to 5-years old.



Community Health Priorities and Programming

Priorities	DoN Funded Partners	Community Programs	ACO Efforts	Anchor Strategy	Advocacy
Mental Health	X	X	X		X
Early Childhood	X				X
Youth Development	X				
Food Access & Healthy Nutrition	X	X	X	X	
Asthma & Obesity Prevention	X	X	X		
Housing	X		X	X	X



Thank you!

Please visit [Community Health | Boston Children's Hospital](#) for more information.



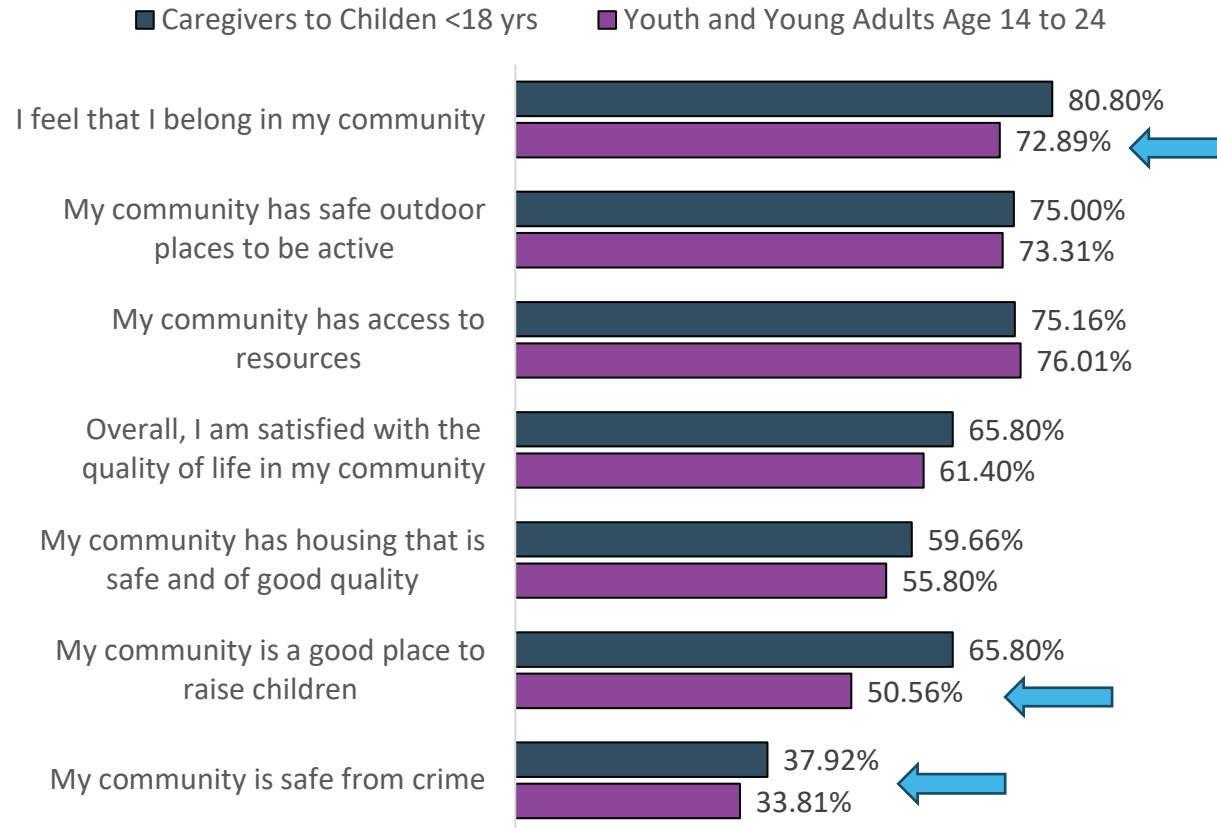
Appendix – supplementary data slides

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Community Perceptions & Recommendations

Percent of Boston CHNA Survey Respondents that Agreed/Strongly Agreed with Statement, by Subgroup (2025)



Top 3 Factors Identified by Boston CHNA Survey Respondents that would Most Improve their Community, by Subgroup (2025)

	Caregivers to Children <18 yrs	Youth and Young Adults Aged 14 to 24
1	Access to good jobs and economic opportunities	More affordable housing
2	More affordable housing	Access to low-cost healthy foods
3	Access to low-cost healthy foods	Access to good jobs and economic opportunities
4	Better schools	Access to health care
5	Access to health care	Lower crime and violence
6	Lower crime and violence	Access to reliable public transportation
7	Access to mental health care	Clean environment (air and water quality)
8	More affordable childcare	Access to ongoing education opportunities
9	Access to ongoing education opportunities	Access to mental health care
10	Access to reliable public transportation	Better schools



Economic Stability

POVERTY

Rates of poverty vary by Boston neighborhood as well as by race/ethnicity

- Highest rates of poverty in children under 5:
 - Mattapan (34.0%)
 - Dorchester (02121 & 02125) (33.2%)
 - Hyde Park (29.2%)
- Black/African American and Hispanic/Latino families have the highest percentage across all neighborhoods

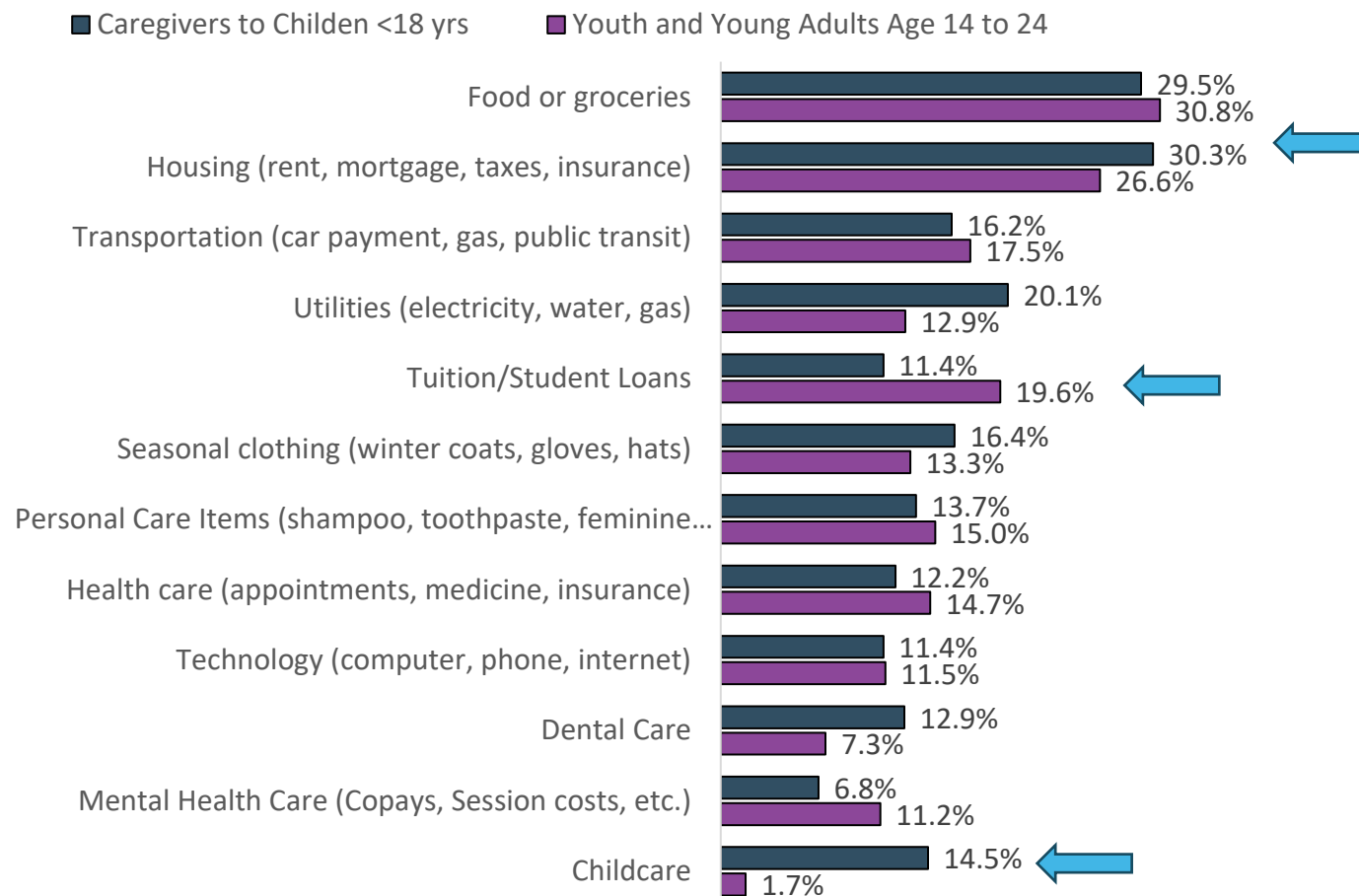
COST BURDENED

- 23% of Boston renters are severely cost burdened
- Notably higher in Dorchester (29%), Fenway (34.4%) and Mattapan (36.6%)

ACCESS TO HEALTHY FOODS

- 75.1% of Boston adults overall reported that it was easy to purchase healthy foods in their neighborhood
- However, percentage notably lower in Mattapan (57.7%), Dorchester (62.3%) and East Boston (63.5%)

Percent of Boston CHNA Survey Respondents that Reported Having Trouble Paying for Specific Costs of Living, by Subgroup (2025)



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

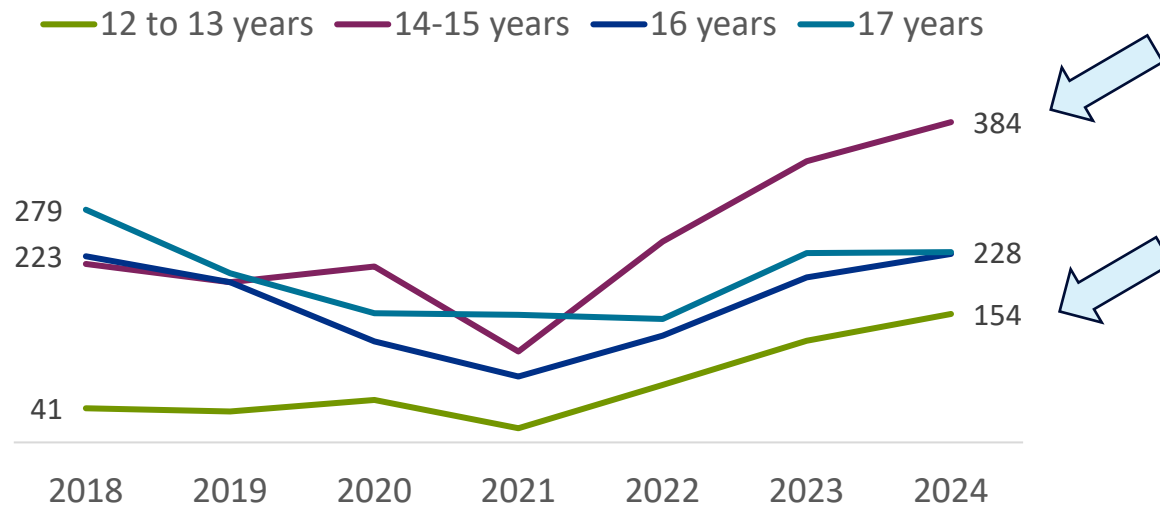


Crime and Safety

"I lived in Boston for 20 years and it seems like violent crime rate for young kids is becoming a more pervasive issue since pandemic due to lack of staff, security, and things for kids to do. I don't think if we think of violent crime as indicator of healthcare, but it is something that should be said"

– Focus Group Participant

Trend in Youth Arrests in Suffolk County, by Age Group (2018-2024)



DATA Source: MA Office of the Child Advocate, Youth Arrests/Summons Data

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Indicators of violence among Boston youth:

- 19.4% of High School students reported that they were involved in a **physical fight** in prior year
- 7.7% of High School students reported that they had been **threatened or injured with a weapon** on school property in the prior year
- 9.7% of High School students reported that they were **bullied on school property** in the prior year
- 12.2% of High School students reported they did not go to school because **they felt unsafe at school or on the way to school**

DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023



Youth Engagement

Assessment participants expressed a desire for more youth engagement and youth focused programming:

- Increased **mentorship programs** for youth
- More programs assisting youth with **workforce development**, job trainings, and how to find jobs
- More programs and **opportunities for engagement of youth overall** (e.g., rec league sports, clubs, bake sales, swimming lessons, etc.)

“Targeting our youth would be the best thing for everyone. Right now, I feel like they are lost. [We] used to have programs on site, [and] didn’t have to worry about transportation. Now, the kids can’t get to these less accessible places. There is not enough for them to do... I feel like they don't have the foundation and the resources that we used to have back in the day”

– Focus group participant

“While Boston may be big it really is not and is super small especially in relationships and if we are able to be serious about it and then having a space where ALL youth programs can come together to talk and create and implement plans and that way they are working collaboratively because at the end of the day they are all Boston youth”

– Focus group participant

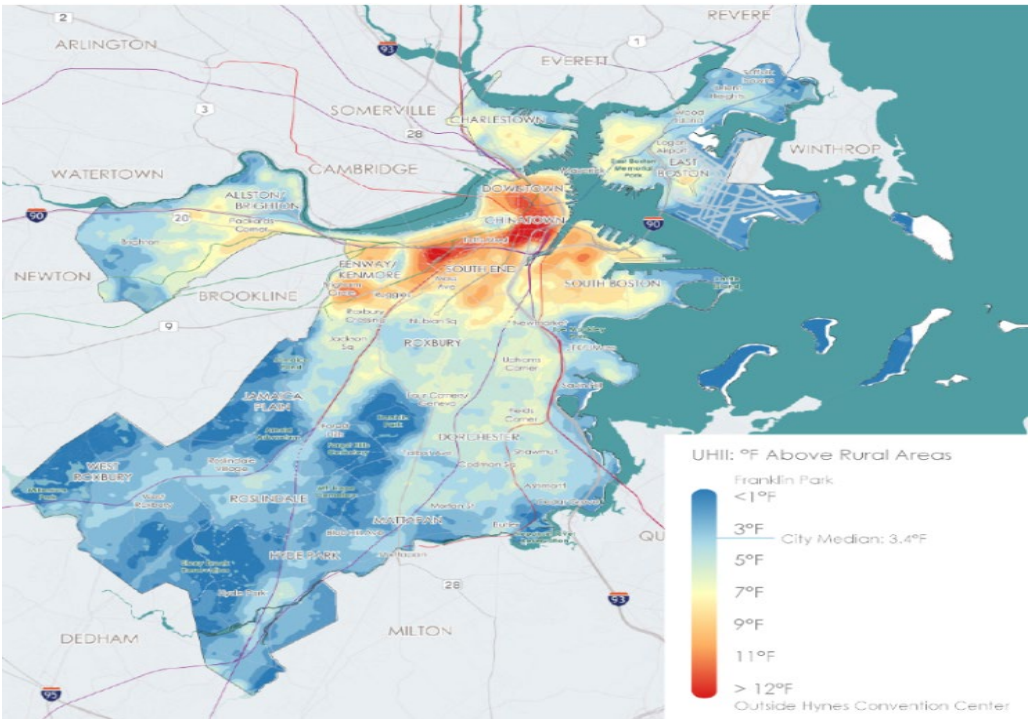


Climate Change and Environmental Health

“[We are] in the midst of mental health crisis affecting all ages but especially in pediatric behavioral health world and hearing from patients the extent climate anxiety is factoring into their behavioral health situations and is something we don’t think about as much yet but is starting to be a factor for kids.”

– Focus Group Participant

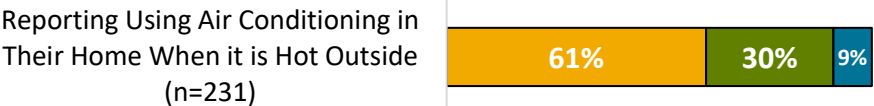
Urban Heat Index Map, Boston, 2022



DATA SOURCE: Heat Resilience for Boston Solutions Report, City of Boston, 2022

Boston Residents' Experiences with Heat, 2022

Always Sometimes Never



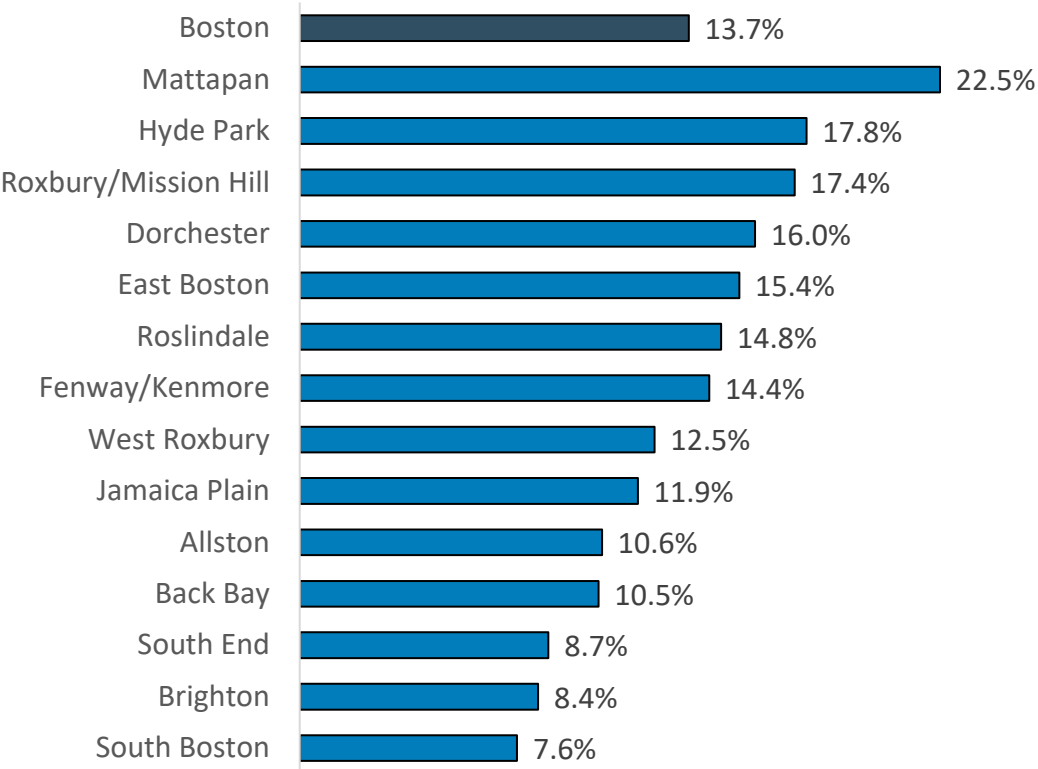
DATA SOURCE: City of Boston Heat Resilience Survey, 2022 via Heat Resilience for Boston Solutions Report, City of Boston, 2022

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Asthma

Percent of Primary Care Patients Residing in Boston with Diagnosis of Asthma, by Neighborhood (2022-2024)



“[We] write about it in [the] annual report and health services department data [and we] know what percentage affects students, around 20% of students [and] more students of color [are] reporting asthma”
– Key Informant Interviewee

Overall, by race/ethnicity:

- Asthma Dx was highest among Black (22.1%) and Hispanic patients (17.3%)

Overall, by insurance:

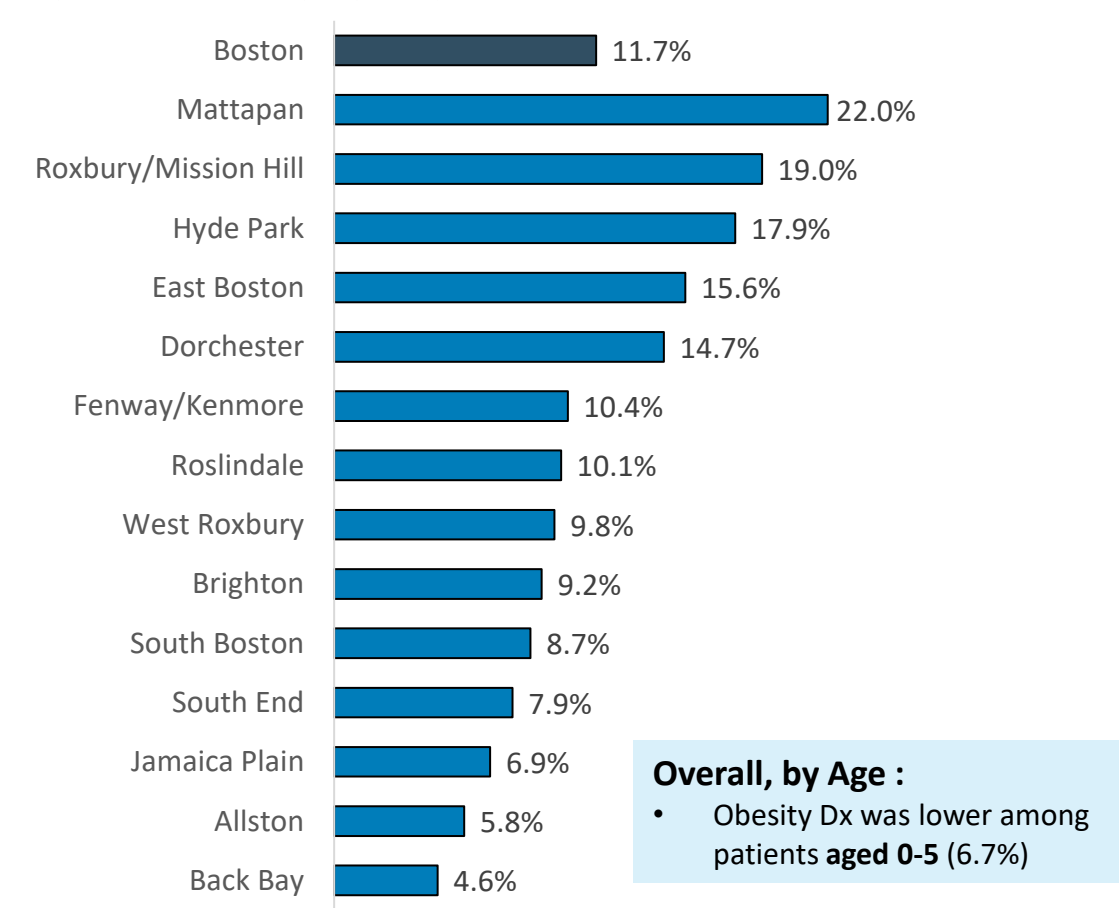
- Asthma Dx was higher among patients with public insurance (17.3%)

DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Total patients included, n=15,074
NOTE: Neighborhoods with <300 total patients are not reported



Obesity

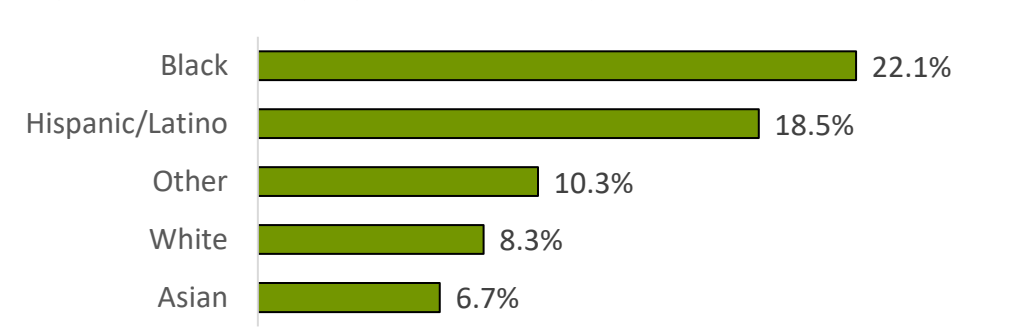
Percent of Primary Care Patients Residing in Boston with Diagnosis of Obesity, by Neighborhood (2022-2024)



DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Total patients included, n=15,074; NOTE: Neighborhoods with <300 total patients are not reported

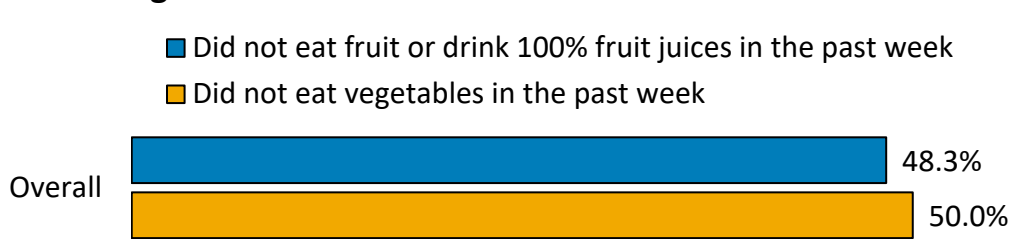
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Percent of Primary Care Patients Residing in Boston with Diagnosis of Obesity, by Race/Ethnicity (2022-2024)



DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Total patients included, n=15,074; NOTE: Neighborhoods with <300 total patients are not reported

Self-Reported Fruit and Vegetable Consumption Among Boston High School Students 2023

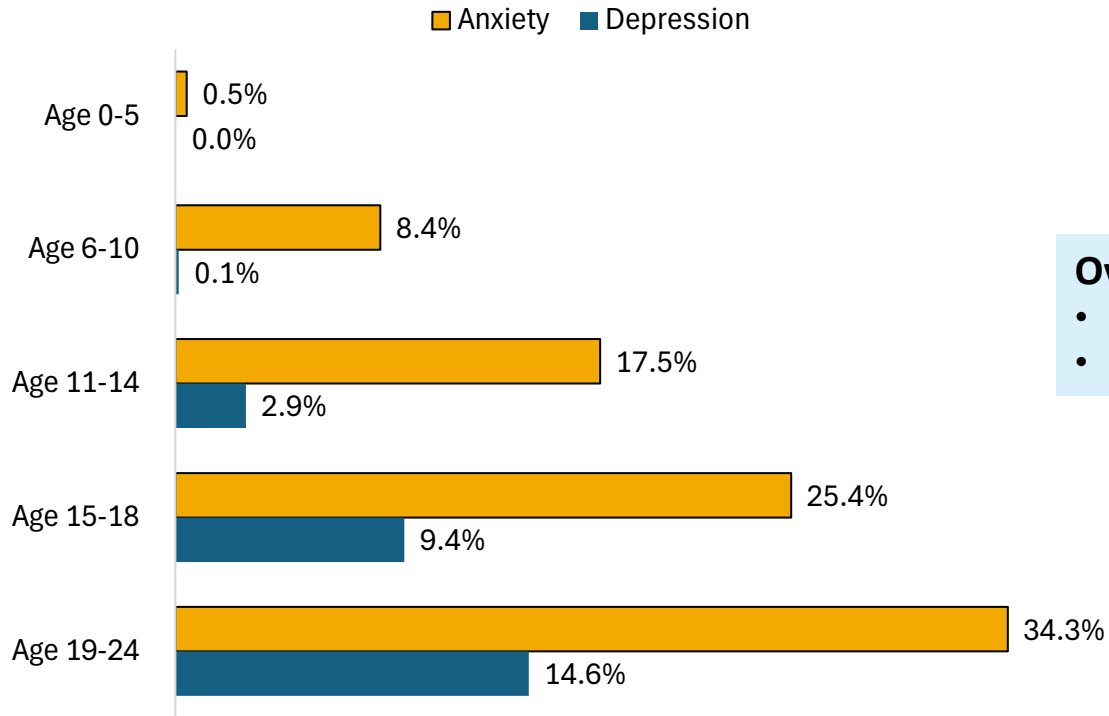


DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023



Anxiety and Depression

Percent of Primary Care Patients Residing in Boston with Diagnosis of Anxiety or Depression, by Age Group (2022-2024)



“Mental health does not have enough resources for youth and other issues may have more resources but are harder to navigate and identify those resources”

– Focus Group Participant

Overall, by insurance:

- Anxiety Dx was highest among patients with commercial insurance (**12.9%**)
- Depression Dx was highest among patients with public insurance (**4.2%**)

Overall, by race/ethnicity:

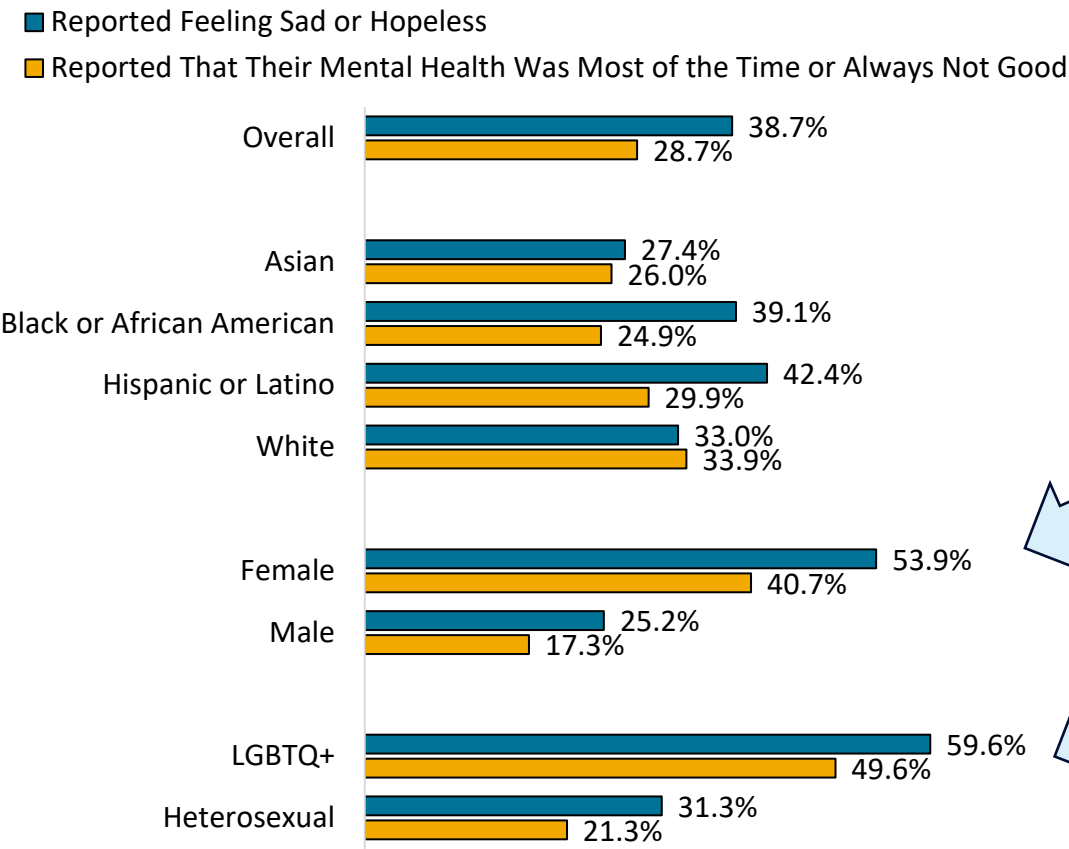
- Anxiety Dx was highest among White, non-Hispanic patients (**15.0%**)
- Depression Dx was highest among Black patients (**4.3%**)

DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Total patients included, n=15,074



Mental Health and Suicidality

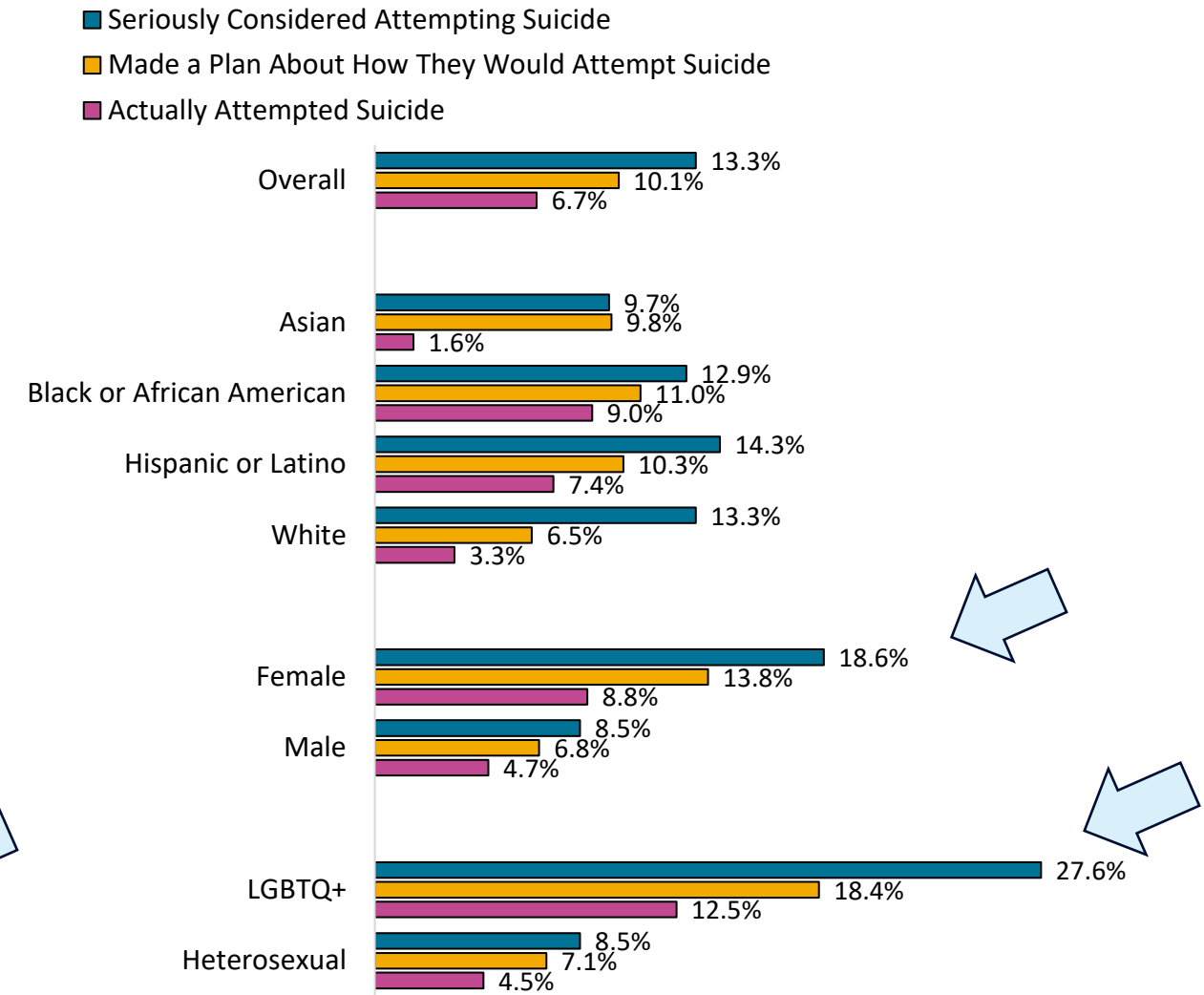
Self-Reported Mental Health of High School Students, by Boston and Selected Indicators, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

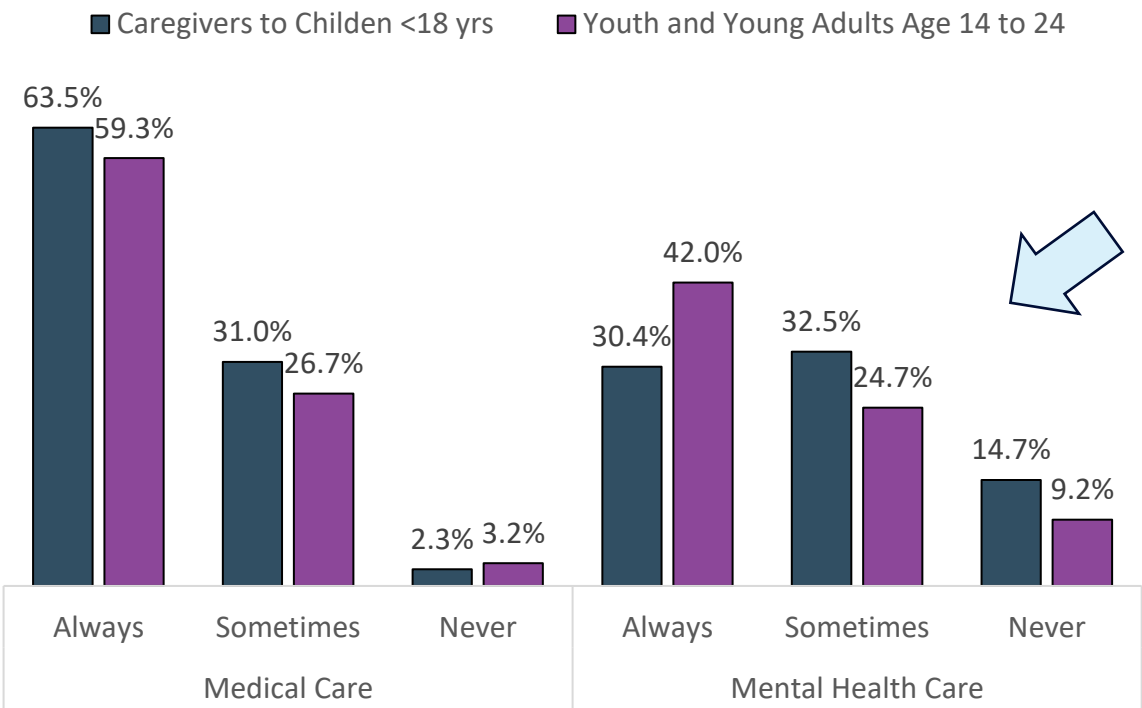
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Self-Reported Suicidal Intentions among High School Students, by Boston and Selected Indicators, 2023



Access to care

Percent of Boston CHNA Survey Respondents that Reported Frequency of Getting Care when Needed in Prior 12 months, by Subgroup (2025)



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

“Another thing I’ve noticed is that they’ll give you an appointment for way off in the future. And not just with adults—with children as well. They tell you that you just have to wait and they’ll call you.”

– Focus Group Participant

More than half of respondents reported only getting the mental health care they needed when it was needed **sometimes or never**

“I would say there needs to be a quicker turnaround for support services around mental health and safety and health. We have lot of organizations and referrals, and we need to be able to get the youth what they need quicker.”

– Focus Group Participant

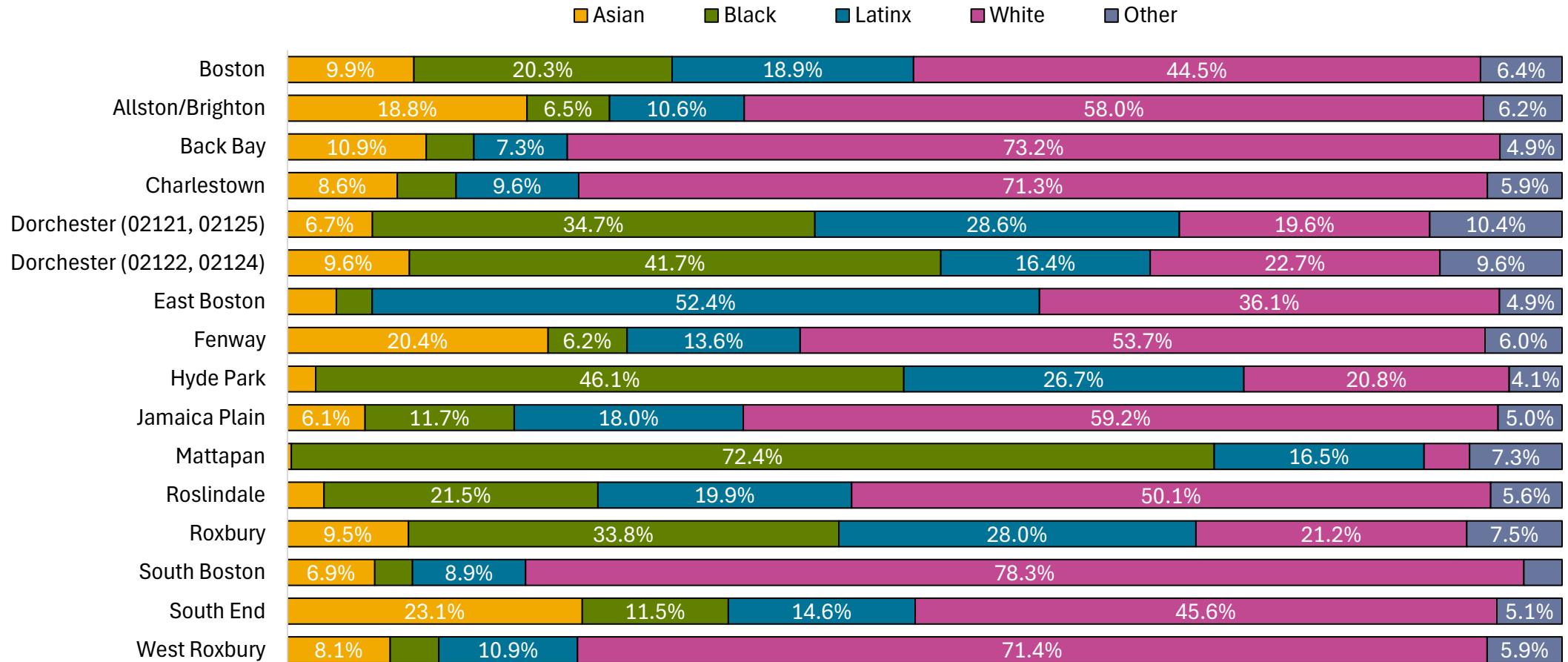


Appendices



Race and Ethnicity

Racial and Ethnic Distribution, by Boston and by Neighborhood, 2019-2023



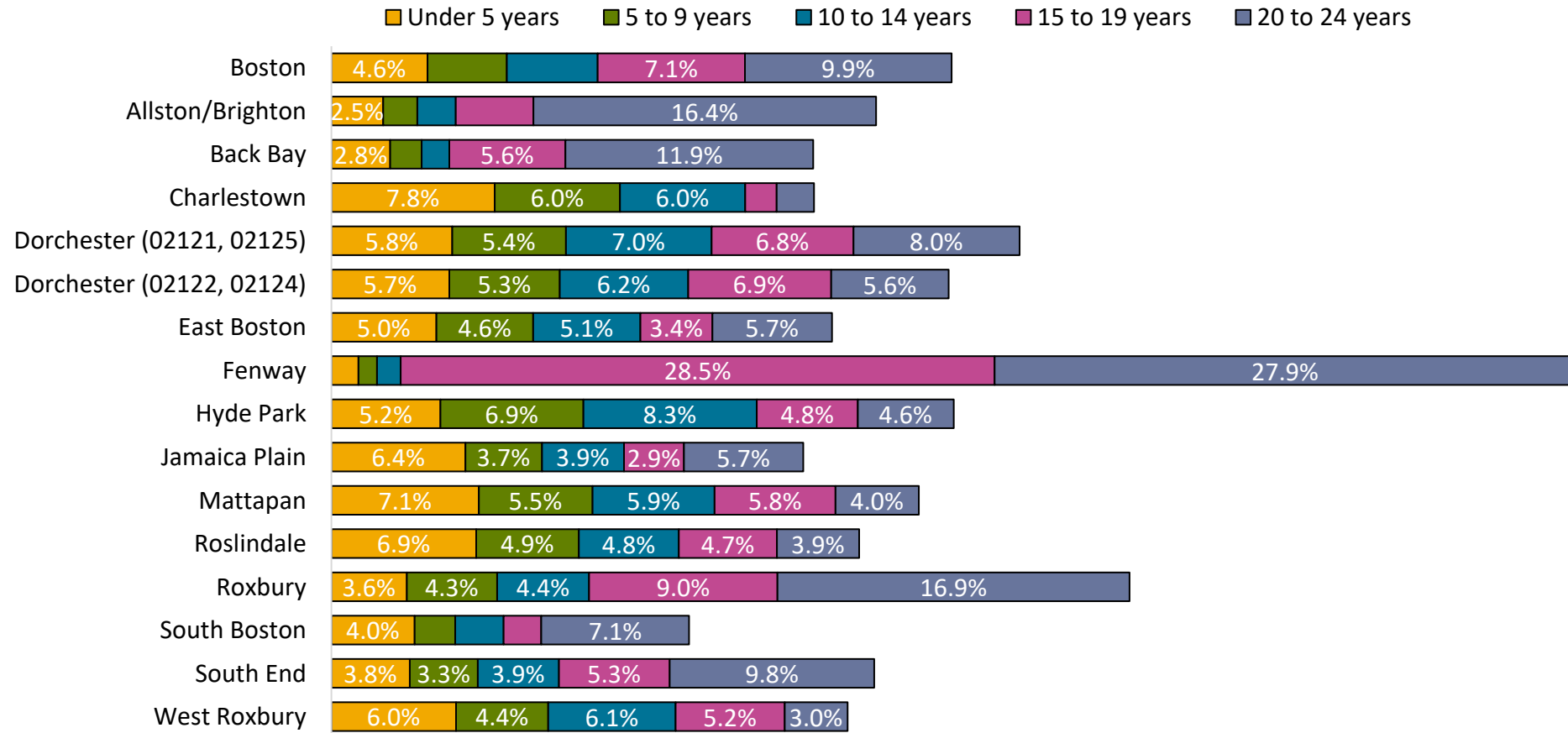
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some other race, and Two or more races; Most data labels ≤5% not shown.



Age

Percent Total Population Under 24 by Age, 2019-2023



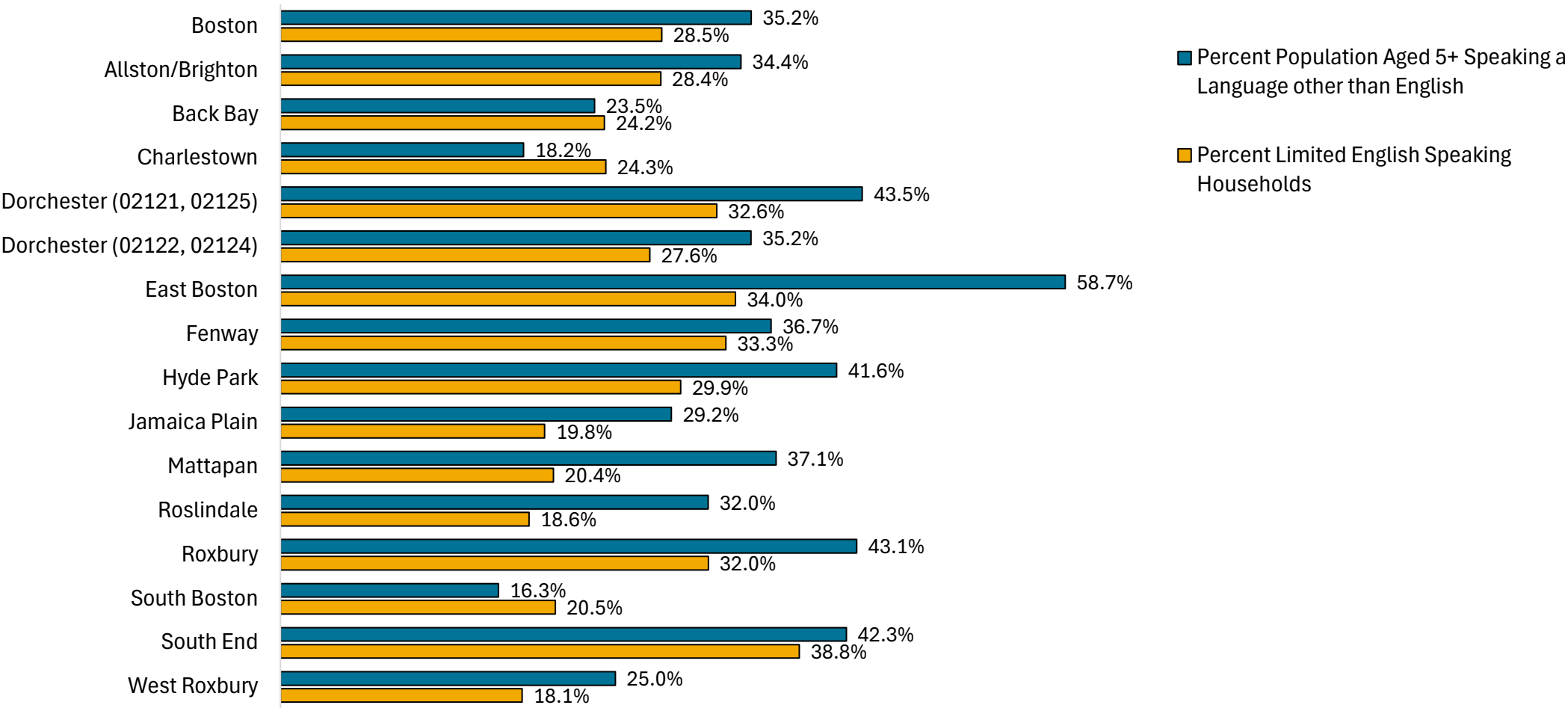
DATASOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

NOTE: Data labels less than 2.5% not shown.



Languages Spoken

Linguistic Diversity, by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

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2022 – 2025 Boston Children's Priority Areas

- Promote **mental health and emotional wellness**
- Support affordable **housing** for children and families
- Support **youth-centered and engaged programming**
- Improve health for children with **asthma**
- Encourage **healthy weight** and increase **access to affordable and nutritious food**
- Improve **early childhood education and developmental supports** for families with children Birth to Five.



Data Limitations

■ Secondary data

- Sources may use different methods and assumptions (e.g. different boundaries for neighborhoods)
- Not all topic areas have accessible/available data
- Time lag from data collection to data availability
- Small sample sizes for some stratified groups and neighborhoods
- Patient data not a representative sample

■ Primary data

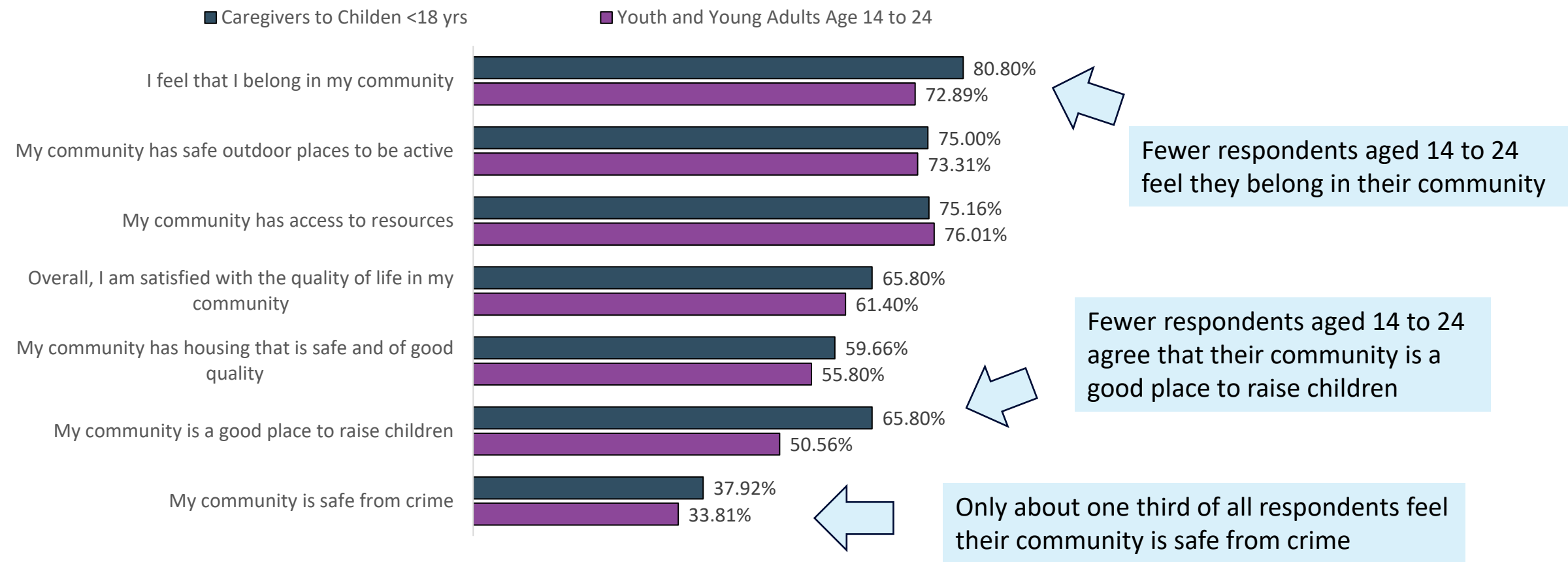
- Small number of focus groups
- Boston CHNA community survey relied on a convenience sample



Community Perceptions

Perceptions of the Community

Percent of Boston CHNA Survey Respondents that Agreed/Strongly Agreed with Statement, by Subgroup (2025)



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025



Recommendations to Improve the Community

Top 10 Factors Identified by Boston CHNA Survey Respondents that would Most Improve their Community, by Subgroup (2025)

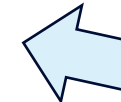
Rank	Caregivers to Children <18 yrs	Youth and Young Adults Aged 14 to 24
1	Access to good jobs and economic opportunities	More affordable housing
2	More affordable housing	Access to low-cost healthy foods
3	Access to low-cost healthy foods	Access to good jobs and economic opportunities
4	Better schools	Access to health care
5	Access to health care	Lower crime and violence
6	Lower crime and violence	Access to reliable public transportation
7	Access to mental health care	Clean environment (air and water quality)
8	More affordable childcare	Access to ongoing education opportunities
9	Access to ongoing education opportunities	Access to mental health care
10	Access to reliable public transportation	Better schools



Top 3 factors identified by all respondents centered **economic opportunity**, **affordable housing**, and access to **low-cost healthy foods**



Respondents aged 14 to 24 were more likely to select access to reliable public transportation



Respondents aged 14 to 24 were more likely to select **clean environment** (did not rank in top 10 among caregivers)

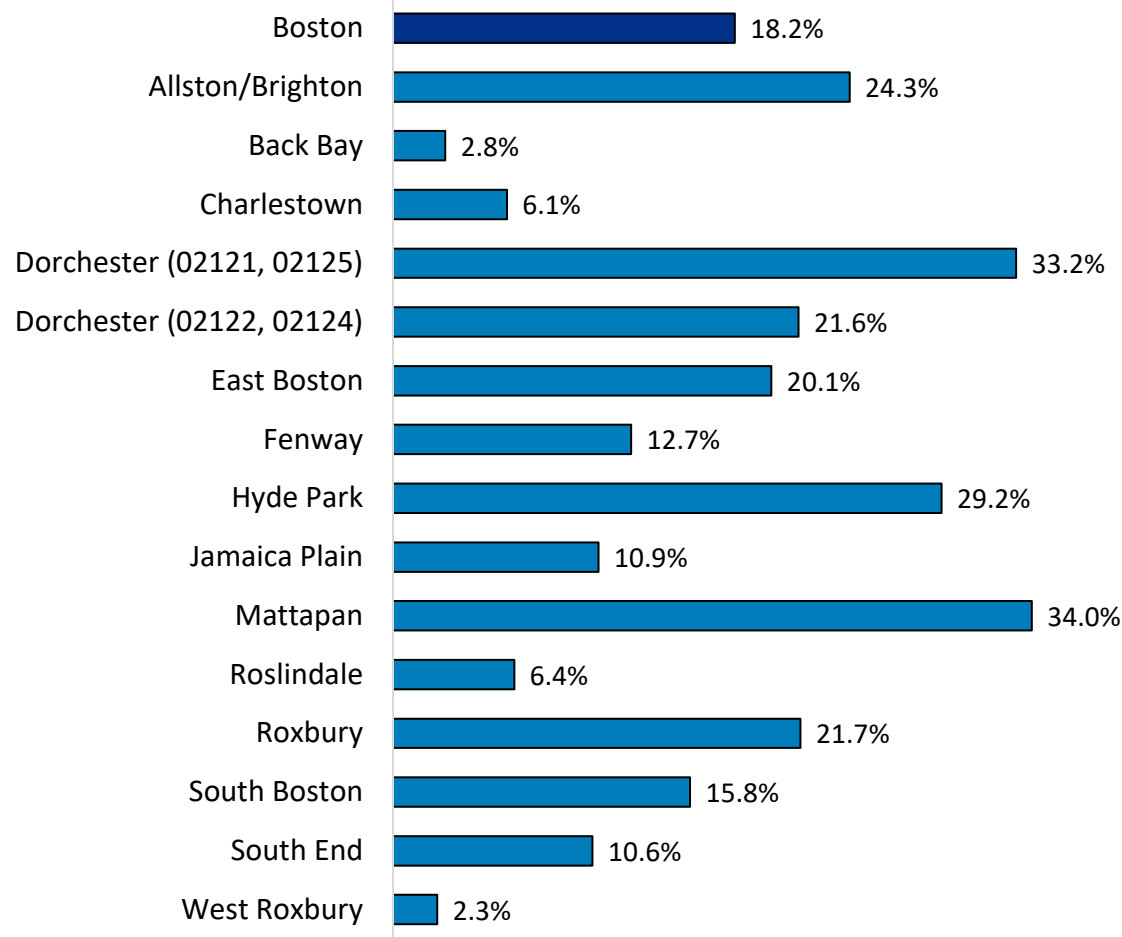
DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025



Community and Economic Stability

Income and Poverty

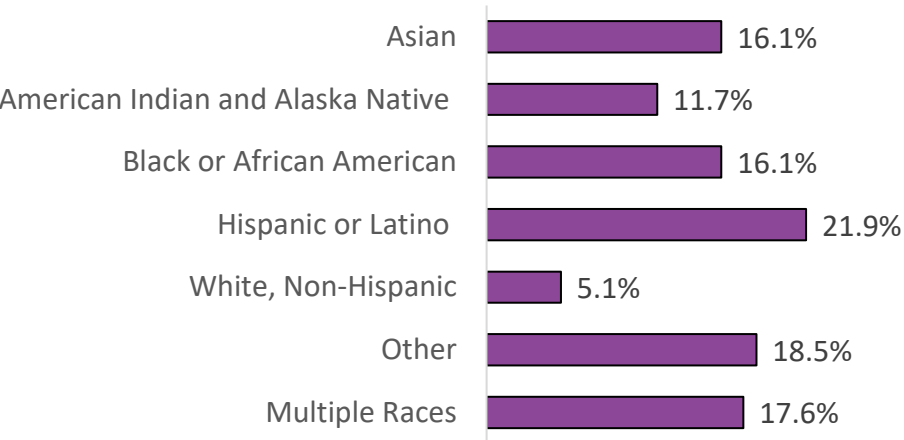
Percent Children Under 5 Years Old in Poverty, by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Overall, **11.7% of families in Boston** have incomes below the Poverty Level

Percent Families Below Poverty Level in Boston, by Race/Ethnicity, 2019-2023

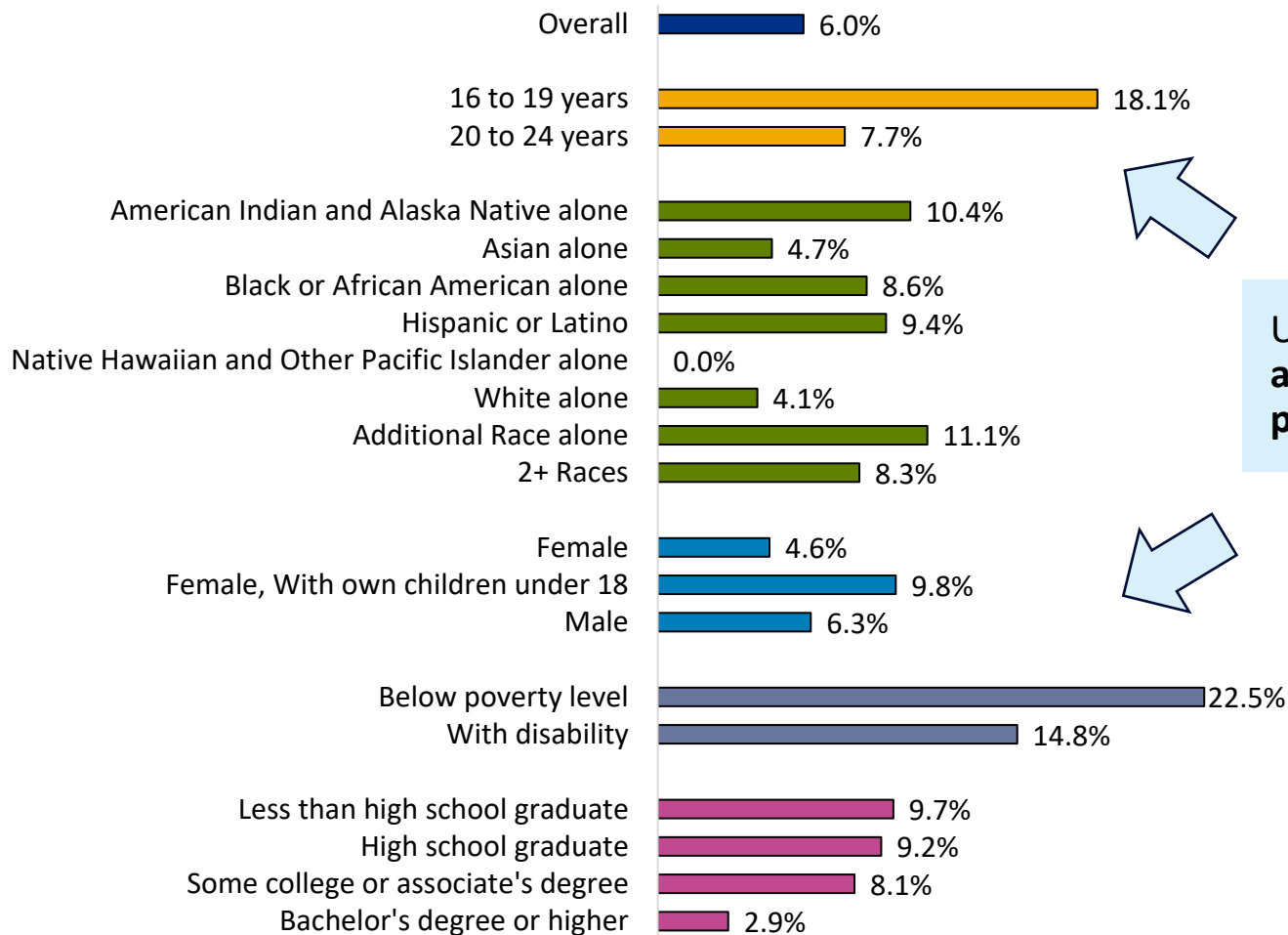


DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023



Workforce

Unemployment Rate, by Selected Categories, Boston, 2019-2023



“State of workforce development for youth is terrible. The city has their OYEA program, and it is not big enough. There needs to be more accountability and opportunity for workforce development for youth.”

– Focus Group Participant

Unemployment is highest among **youth aged 16 to 19**, individuals living **below the poverty level**, and those with a **disability**

“If teenagers can find jobs, then they won’t be out on the streets with nothing to do getting into trouble and doing things that they shouldn’t be doing. It’s good for teens to keep their minds busy. There should be a program to help teens get jobs.”

– Focus group participant

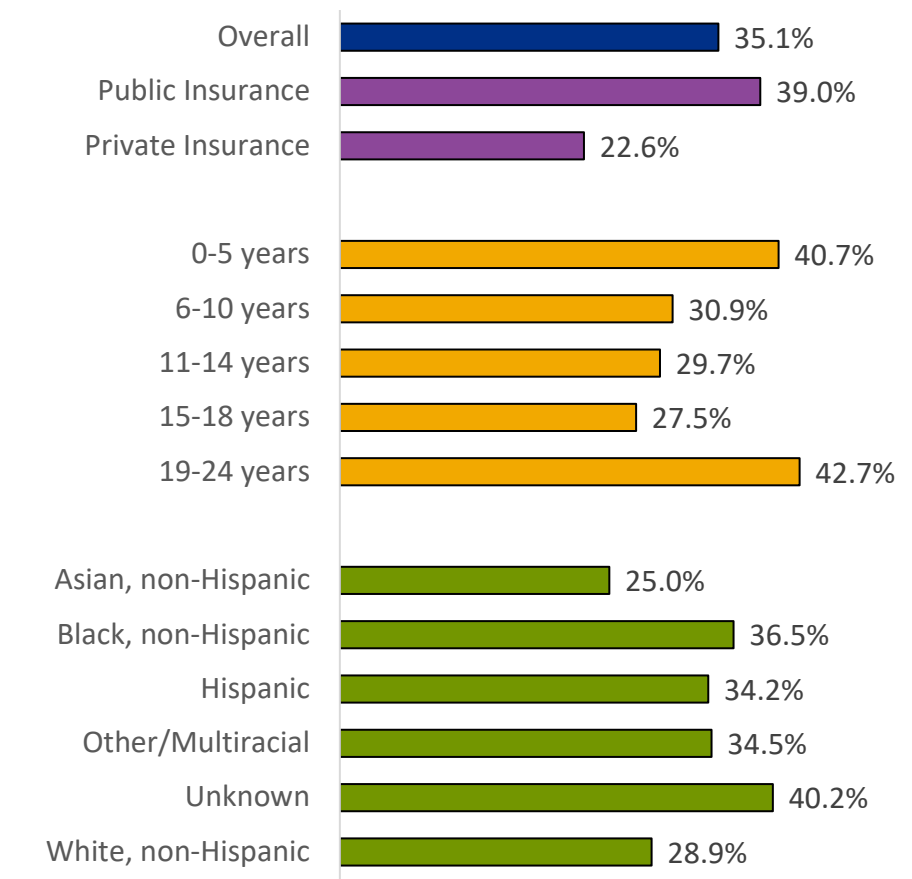
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

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Housing Stability

Percent of BCH Primary Care Patients Living in Boston that Screened Positive for Housing Needs, by Sub-group (2023)



DATA SOURCE: BCH Primary Care Data pulled from BCH EMR via REDCap Apr 2025; Total patients included, n=10,981

“More affordable housing is needed. We need to solve this issue because people can’t afford to live in their neighborhoods, even the “worst parts” of Dorchester because the rent is too expensive. How can families make this work when 60-70% is needed to pay their rent.”
– Key Informant Interviewee

Number of Unhoused, by Specified Sub-Populations, Boston, 2023-2024

	People in Families	Families	Unaccompanied Youth
Boston, 2023	3,399	1,131	112
Boston, 2024	3,720	1,150	132
% change	9.4%	1.7%	17.9%

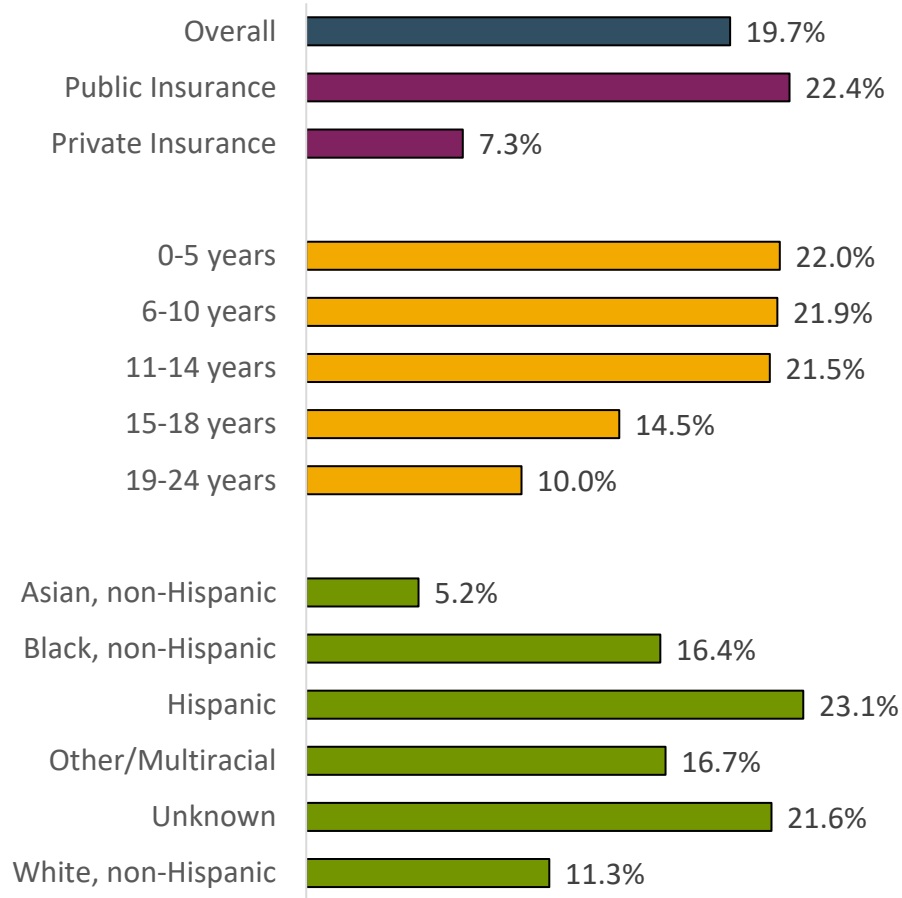
DATA SOURCE: 2024 Annual Homeless Census Memo, City of Boston

23% of Boston renters are severely cost burdened (50% or more of income towards housing costs); notably higher in **Dorchester** (29%), **Fenway** (34.4%) and **Mattapan** (36.6%)



Food access

Percent of BCH Primary Care Patients Living in Boston that Screened Positive for Food Needs, by Sub-group (2023)



DATA SOURCE: BCH Primary Care Data pulled from BCH EMR via REDCap Apr 2025;
Total patients included, n=10,981

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While 75.1% of Boston adults overall reported that it was **easy to purchase healthy foods** in their neighborhood, the percentage was **notably lower in Mattapan (57.7%), Dorchester (62.3%) and East Boston (63.5%)**

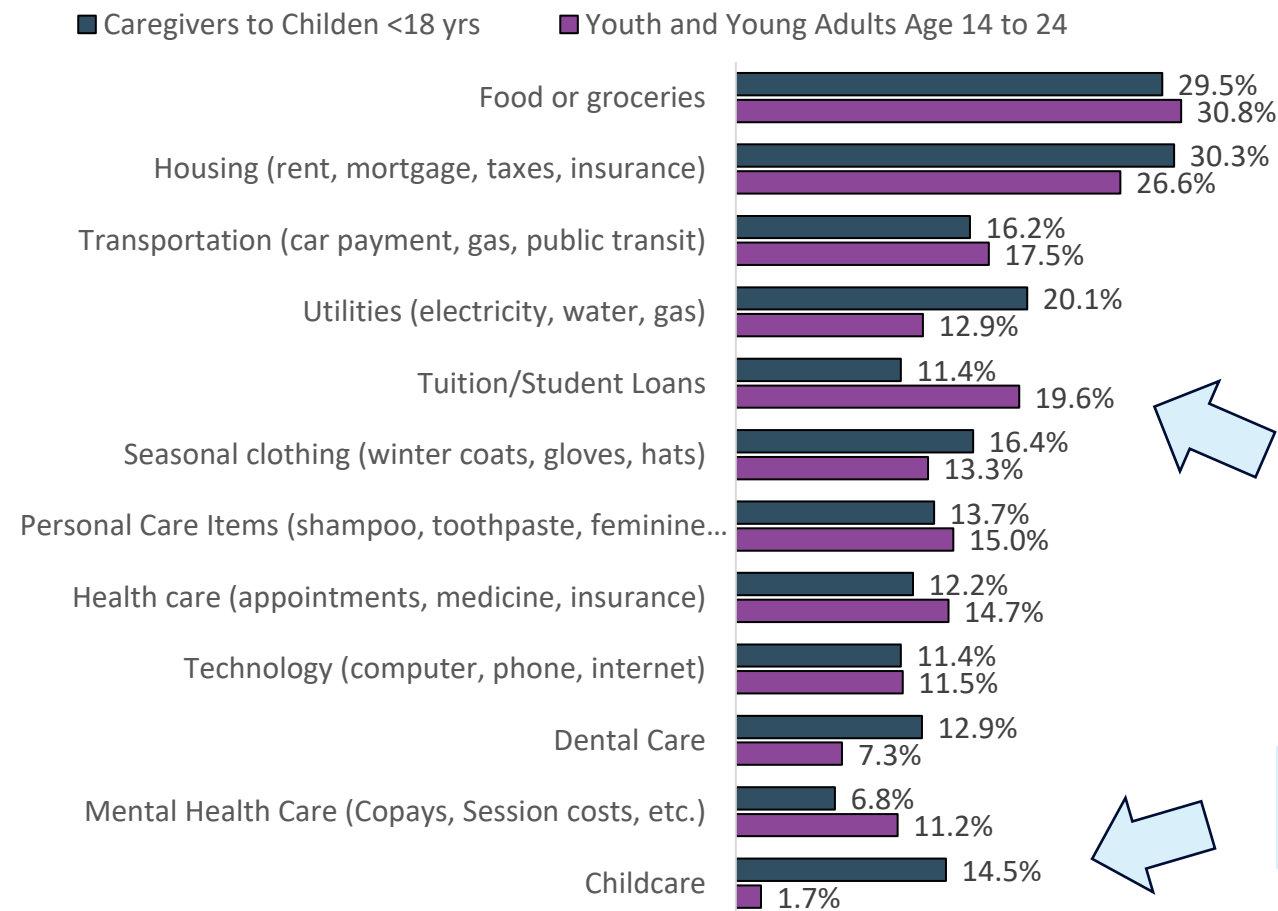
“The food that is available is largely processed...Now we have so many parents who are out working or whatever, and the food that is the cheapest is all processed. It's not healthy. Me just being on a diet for the month of January, I can't even tell you how much money I spent on health food options that were healthy. And it's kind of disgusting that in order to eat healthy, you have to be broke. Like there's no balance. So, so many kids are eating processed food”

— Focus Group Participant



Trouble Paying for Costs

Percent of Boston CHNA Survey Respondents that Reported Having Trouble Paying for Specific Costs of Living, by Subgroup (2025)



“You pay more or the same prices as junk food for fruits and vegetables...organic food is way overpriced while unhealthy food is affordable”
– Focus group participant

Food/groceries and **housing costs** were the categories most frequently cited by respondents

More respondents aged 14 to 24 reported trouble paying for cost of **tuition/student loans**

More respondents who were caregivers reported trouble paying for cost of **childcare**

DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

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Climate Change and Environmental Health

Climate Change and Environmental Health

“looking at early births and low birth weights in environmental justice communities, and heat definitely impacts fetuses and pregnant folks. Research looking at increases in overdoses tied to extreme weather events. Lot of research done looking at the impact of heat on test scores and lowering test scores when it is too hot and that there are huge equity implications there.”

– Focus Group Participant

Annual Estimated Pollution-Related Health Outcomes, Boston, 2022

Health Outcome	Count
Annual PM 2.5 Concentration (µg/m3)*	8.08
Pediatric Asthma Cases	1,840
Heart Disease Deaths	121
Cancer Deaths	176
Stroke Deaths	15
Low Birth Weight Cases	47
**Performance IQ Points Lost	217,136
**PIQ points lost per child	3.39

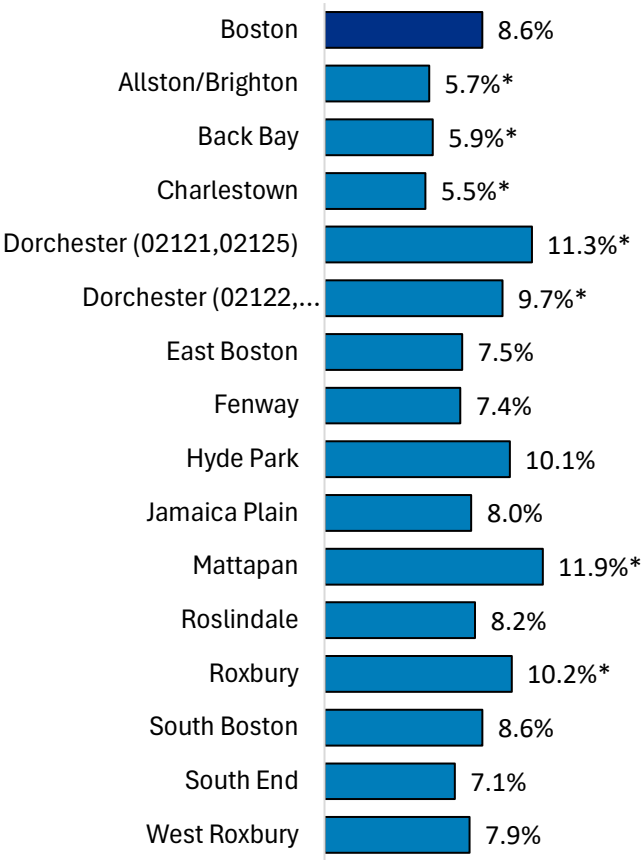
DATA SOURCE: MassCleanAir, Boston College, 2022

NOTE: All estimates are based on annual air pollution predictions.

*Annual PM 2.5 standard is 9.0 µg/m3.

**Performance IQ is a measure of intelligence related to problem solving skills.

Percent Low Birthweight Births, by Boston and Neighborhood, 2021-2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined (DATA ANALYSIS: Boston Public Health Commission)

NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05).

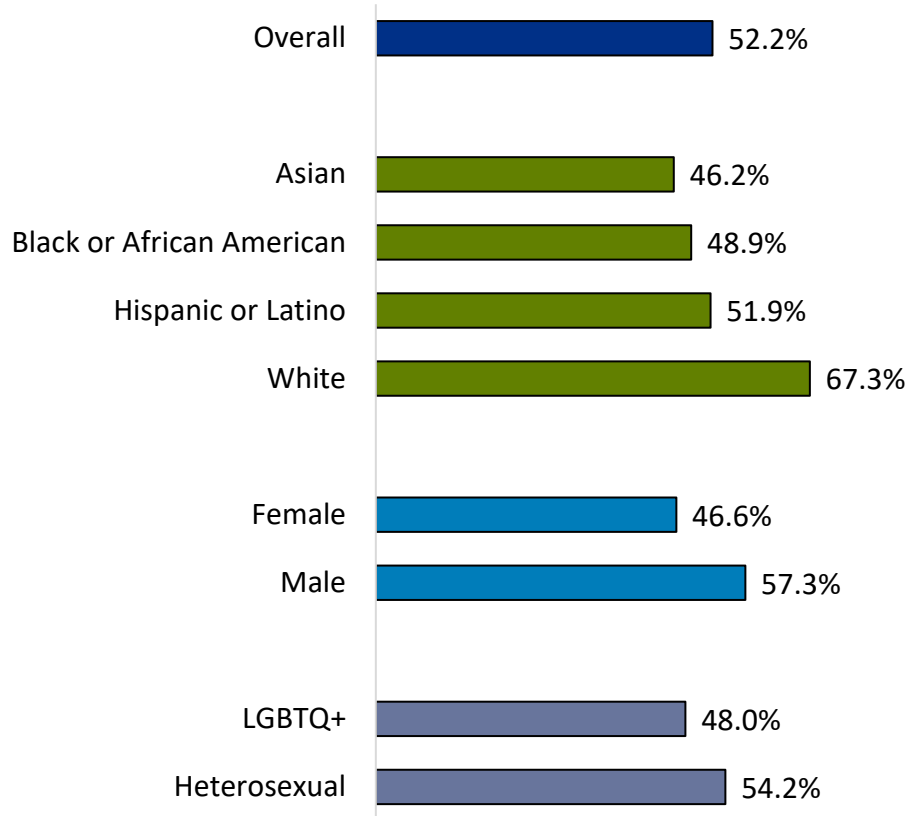


Chronic Health Conditions Affecting Youth

Mental Health and Emotional Wellness

Sense of Community

Percent Youth Who Strongly Agreed or Agreed That They Feel Close to People at Their School, by Boston and Selected Indicators, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

- Community Advisory Board focus group participants expressed a desire to create more and modify existing programs to provide safe spaces and promote a sense of community and belonging for young people in Boston
- Youth LGBTQ+ focus group participants reported that having a community they felt connected to and supported by, made it easier for them to be healthy

“Right now, is a tough environment and there is a lot of hate and people saying whatever they want to say right now. Both for LGBTQ+ and undocumented youth. There are programs for young people but just not enough. I think having welcoming spaces whether or not you are specifically working with that population or not is important.”

– Focus group participant

“[Being healthy] It’s an ongoing process that is harder for some-having a community of people that understand and care about me and my friends is helpful”

– Focus group participant



Access to Care

Access to care

Top 10 Facilitators of Access to Care Identified by Boston CHNA Survey
Respondents, by Subgroup (2025)

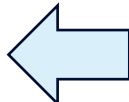
Rank	Caregivers to Children <18 yrs	Youth and Young Adults Aged 14 to 24
1	Being able to get many services at the same location or practice	Being able to get many services at the same location or practice
2	Evening or weekend appointments	Evening or weekend appointments
3	More appointments available	Health care providers who make me feel safe and respected
4	Lower out of pocket cost for services	Lower out of pocket cost for services
5	Health care providers who make me feel safe and respected	More appointments available
6	Health care providers who specialize in the care I need	Clear prices for services
7	Childcare or elder care	Paid time off work (sick time)
8	Clear prices for services	Health care providers who specialize in the care I need
9	Help with understanding or coordinating my care	Help with understanding or coordinating my care
10	Services closer to where I live	Services closer to where I live



Top 2 facilitators identified included accessing **multiple services at the same location** and having **evening or weekend appointments**



Respondents aged 14 to 24 were more likely to identify **feeling safe and respected** by the provider



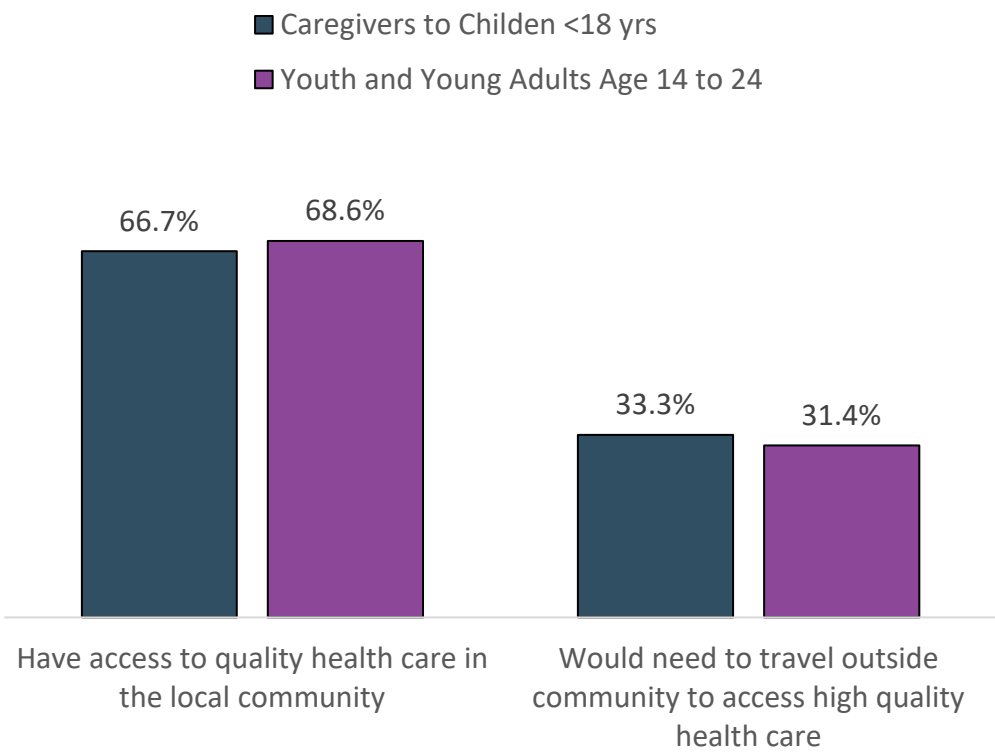
Respondents aged 14 to 24 were more likely to select **paid time off work** (did not rank in top 10 among caregivers)

DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025



Access To Care

Percent of Boston CHNA Survey Respondents that Reported Having Local Access to Quality Health Care (2025)



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

Overall, **8.6% of BCH Primary Care patients screened positive for transportation needs**; the rate was higher among those aged 0-5 years (12.3%)

“Transportation is an issue, especially if you need to travel outside of your neighborhood and rely on the MBTA. Winter can also make it difficult for families to get around due to the icy sidewalks. You see families with multiple young kids relying on public transit”

-Key Informant Interviewee



Facilitating Access to Healthcare among Youth

- Many participants suggested a variety of programs or approaches that would support youth and their families to more easily access health care
 - Patient navigators and peer advocates to help navigate the complexity of resources and systems available to them
 - Particularly helpful for youth and families navigating mental health care and resources
- Transportation was a key barrier to care identified among youth and young adults
- Youth feedback consistently highlighted the importance of their experience with providers to their trust in the system

“The other thing is with the mental health issues in youth the parents don’t have resources to navigate that and can feel really overwhelmed. They don’t have patient navigators. Like when you go to Dana Farber, they have patient navigators because cancer is so overwhelming but there isn’t that for other types of services. Having those patient navigators may make some other issues stop from becoming larger”

– Focus group participant

“Racial sensitivity in Boston and healthcare-I have had white providers treat me very disrespectfully at Children’s all my life; there are gaps due to Boston being segregated”

- Focus group participant

